



Wisconsin Health Insurance Risk Sharing Plan (HIRSP)

Division of Health Care Financing

Department of Health and Family Services

1751 W. Broadway • P.O. Box 8961 • Madison, WI 53708-8961

Customer Service: (800) 828-4777 or (608) 221-4551

Remember . . .

You Must Apply or Renew Now!

A few weeks ago, the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) mailed an application for reductions in premium, deductible, and drug coinsurance out-of-pocket maximum to you. ***You must reapply each year if you want to continue to receive these reductions.*** Details on qualifying for these reductions were included with the application.

Your application ***must be postmarked no later than May 1, 2006,*** to be considered for a premium reduction effective July 1, 2006.

If you are in Plan 1, Option A (\$1,000 deductible), and your household income in 2005 was less than:

- **\$25,000,** you may apply for a reduction of your HIRSP **premium.**
- **\$20,000,** you may apply for a reduction of your HIRSP **premium, deductible, and drug coinsurance out-of-pocket maximum.**

If you are in Plan 2 and your household income in 2005 was less than **\$25,000,** you may apply for a reduction of your HIRSP **premium.**

If you did not receive an application form, call HIRSP at **(800) 828-4777 or (608) 221-4551.**

If you have already returned an application form, please disregard this notice.

Wisconsin Department of Health and Family Services
Division of Health Care Financing
PHC 12762B (Rev. 02/06)